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ABSTRACT

Suicide rates among older adolescents is a major concern for researchers. A homosexual lifestyle, with its additional stresses, may erode one's adaptive characteristics. This study sought to identify and compare suicidal behavior and adaptive characteristics in homosexual and heterosexual adolescents. Sixty-two individuals were divided into two group according to their self-reported sexual orientation. Participants completed a short self-report demographic questionnaire and the Expanded Reasons for Living Inventory (RFL). Results indicate that homosexuals endorse fewer reasons for living than do heterosexuals. Likewise, homosexuals who were also minorities, exhibited higher levels of suicidal ideation and behaviors than other subjects. The differences detected between adaptive beliefs among heterosexuals and homosexuals suggest that the latter may have a more difficult time coping with their environment than heterosexual individuals. This may be due to the stress and demands associated with choosing a homosexual lifestyle. However, the two groups did not differ on the Survival and Coping Beliefs subscale, which measures one's hope and optimism for the future. (RJM)

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Reasons for Living in Homosexual and Heterosexual Older Adolescents

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Abstract

For researchers, suicide is already a major concern in older adolescents. The additional stressors which accompany a gay or lesbian lifestyle may promote less adaptive characteristics than in heterosexual individuals. Gay and lesbian and heterosexual subjects completed the Reasons For Living Inventory (RFL) to determine levels of adaptive characteristics which may prevent suicidal behaviors. Results indicated that gay men and lesbians endorsed less reasons for living than did heterosexual individuals. This reduced level of coping skills may be a result of increased responsibilities, demands and stressors associated with choosing a homosexual lifestyle.

Reasons for Living in Homosexual and Heterosexual Older Adolescents

Suicidal behaviors, including ideation and attempts, have been a concern of research for quite some time. However, very little research has explored the relationship between suicide and homosexuality (Rich, Fowler, Young, & Blenkush, 1986) in adolescents and young adults. More than 50,000 young persons, ages 15-24, attempt suicide each year (Bonner & Rich, 1988). Surveys of homosexual adults revealed that the majority of suicide attempts occurred before the age of twenty-one (Coleman & Remafedi, 1989). Because of the social reaction to homosexuality and the behaviors generally associated with being homosexual, gay men and lesbians may be more susceptible to suicidal behaviors than are heterosexual individuals. These numbers suggest the existence of a very large group of people at-risk for suicide (Rich et al, 1986).

While some studies reveal only minimal differences between homosexuals and heterosexuals with regard to suicide (Rich et al, 1986), more often higher rates of suicidality have been identified in homosexual youth and adults (Coleman & Remafedi, 1989) than in similar heterosexual sub-populations. Gay men have been found to be 3 to 15 times more likely to complete suicide than heterosexual men (Bell & Weinberg, 1978), and 15 to 40% of gays and lesbians reported previous suicidal ideation or attempts (Saghir & Robbins, 1973). Previous research suggests that homosexual samples have greater levels of suicide risk factors than do their heterosexual counterparts, including previous suicide attempts, past

psychiatric or psychological treatment, substance abuse (Rich et al, 1986), sexual abuse and arrests for misconduct (Coleman & Remafedi 1989). For adolescents, peer pressure, social isolation, family rejection and harassment may also be significant precipitating factors (Hunter & Schaecher, 1987).

Recently, with the AIDS virus severely impacting the gay community, the level of psychosocial stressors for homosexual individuals has only increased in magnitude and suicide may become a viable option for many in this population. Fifty percent of homosexuals, with diagnosis of HIV-positive, revealed suicidal behaviors and were found to be 30 to 50 times more likely to commit suicide than were heterosexuals (Schneider, Taylor, Hammen, Kemeny, & Dudley, 1991). AIDS-related stressors may promote suicidal behaviors, and include the deaths of friends or mates, personal illness or the illness of others as a result of AIDS, the perception of risk for AIDS and the social stigma often related with homosexuality and the AIDS syndrome. Related research suggests that gay men and lesbians may attempt suicide more often when they feel embarrassed, rejected or fearful regarding their sexual orientation (Schneider, Farberow & Kruks, 1989).

From a professional standpoint, surveys of psychologists reveal that therapists believe gay men and lesbians to be at a higher risk for suicidal behaviors and may exhibit more severe gestures of suicide than heterosexual men and women (Kourany, 1987). The purpose of this study was to identify and compare

suicidal behavior and adaptive characteristics in both homosexual and heterosexual older adolescents.

Method

Subjects: There were 62 individuals who were divided into two groups according to their self-reported sexual orientation. Group one (Heterosexual) consisted of 38 people (22 women, 16 men) enrolled at a local university. Group two (Homosexual and Lesbian) consisted of 24 people (13 women, 11 men) from a local organization concerned with lesbian and gay issues and volunteers from the gay community. Average age of Group one was 21 years and for Group two was 25 years.

Instruments: Everyone completed a standard informed consent form, a short self-report demographic questionnaire, and the Expanded Reasons for Living Inventory (RFL; Linehan, Goodstein, Nielsen, & Chiles, 1983) a 72-item inventory that measures beliefs and expectancies that are reasons for not committing suicide should it be considered. Each statement is rated on a scale of 1 (not at all important) to 6 (extremely important). Factor analysis indicated six subscales: Survival and Coping Beliefs, Responsibility to Family, Child Concerns, Fear of Suicide, Fear of Social Disapproval, and Moral Objections. Another subscale, Responsibility to Friends, was deleted by the authors after four factor analyses but has been recommended by Linehan because these items seem to tap a separate factor that may be a reason for not committing suicide (personal communication, October 2, 1986). In terms of reliability, the RFL has been shown to be moderately

strong, with Chronbach alphas on each subscale ranging from .72 to .89 (Linehan et al. 1983; Range & Steede, 1988). In terms of validity, the RFL differentiates between suicidal and nonsuicidal individuals in both inpatient and outpatient settings and in a shopping mall sample (Linehan et al. 1983).

Results

Separate one-way analyses of variance (ANOVA) indicated significant differences between the two groups on five of the seven RFL subscales. In each case, the heterosexual group revealed higher reasons for living than did the homosexual group. Significant differences were found on the following subscales: Responsibility to Family, $F(1,61) = 16.88$, $p < .0001$; Child Related Concerns, $F(1,61) = 120.55$, $p < .0001$; Fear of Social Disapproval, $F(1,61) = 6.12$, $p < .05$; Moral Objections, $F(1,61) = 42.87$, $p < .0001$; and Responsibility to Friends, $F(1,61) = 9.75$, $p < .005$. The heterosexual group also revealed a higher total RFL score, $F(1,61) = 18.33$, $p < .0001$.

Discussion

These results indicate that, consistent with demographic differences in suicide rates, gay men and lesbians endorse less reasons for living than do heterosexual individuals. This supports prior research indicating higher rates of suicidal behavior for homosexual people.

Typically, homosexual individuals considered to be minorities exhibit higher levels of suicidal ideation and behaviors. This may

be due in part, to the circumstances surrounding their minority status, and the extra responsibilities which that position involves. For gay men and lesbians, the social stigma which is often associated with homosexuality as well as the fear of harassment and social isolation and the threat of AIDS may cause them to adopt less adaptive behaviors. Because of these additional stressors, gay men and lesbians may come to view suicide as a realistic alternative to relieving the pressures or fears they may have.

The differences between adaptive beliefs in these two groups of people suggest that homosexual people may have a more difficult time coping with their environment than do heterosexual people. Alarming rates of suicidal behavior and related lower adaptive reasons for staying alive in gay men and lesbians may be a result of added societal pressures associated with their lifestyles.

It is interesting that the two groups did not differ on the Survival and Coping Beliefs subscale, a measure of hope and optimism for the future. Perhaps, just as the other subscales reflect societal beliefs and attitudes, this subscale may reflect the beliefs and attitudes of gay men and lesbians, which may reveal optimism for change in the future.

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TABLE 1

RFL Mean Scores for Heterosexuals and Homosexuals

	Hetero N = 38	Homo N = 24
Survival and Coping Beliefs	5.03 (.76)	4.83 (.83)
Response to Family	4.67 (1.05)	3.58 (.94)***
Child Concerns	5.45 (.69)	2.24 (1.38)***
Fear of Suicide	2.69 (1.14)	2.30 (.93)
Fear of Social Disapproval	3.30 (1.61)	2.38 (1.08)*
Moral Objections	4.45 (1.32)	2.08 (1.49)***
Responsibility to Friends	4.07 (.88)	3.36 (.86)**
Overall RFL Score	4.36 (.68)	3.61 (.67)***

*p < .05 **p < .005 ***p < .0001